



**FIRSTLIBERTY**  
BANK

**Stop Payment Request Form**

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ and Time: \_\_\_\_:\_\_\_\_  a.m.  p. m. stop payment request received.

Verbal stop payment orders are binding on financial institution for fourteen (14) calendar days only, unless confirmed by account holder in writing within that period.

Customer or Company Name: \_\_\_\_\_

Account number: \_\_\_\_\_ Account Type: \_\_\_\_\_

Payable to: \_\_\_\_\_ Check # \_\_\_\_\_ Amount \_\_\_\_\_

If a series of checks, list the beginning and ending numbers. Check series: From: \_\_\_\_\_ - \_\_\_\_\_

Nature of Request:     Verbal                       Written                       In Person                       Renewal for another 6 months

Reason for stop payment: \_\_\_\_\_

**Stop payment Terms & Conditions**

On the terms hereinafter set out, the undersigned account holder hereby instructs First Liberty Bank to stop payment on the above transaction. The stop payment order shall remain in effect for six-months or until written notice is received from the account holder to revoke the stop payment order, whichever occurs first. The account holder may renew this request after the six-month period has expired by completing a new "Stop Payment Request" form.

By directing the First Liberty Bank to stop payment on the above transaction, the account holder agrees to hold First Liberty Bank harmless against any and all loss, claims, damage and costs, including court costs and attorney's fees that First Liberty Bank may suffer or incur by reason of non-payment of the above transaction if presented prior to withdrawal of these instructions or renewal thereof.

The account holder understands that the stop payment request must be received in time to give First Liberty Bank reasonable time to act on it. I further depose and say that the debit transaction was not originated with fraudulent intent by me or any person acting in concert with me, and that the signature below is my own proper signature. I certify under penalty or perjury that the foregoing is true and correct. A charge, as reflected below, will be assessed to the account holder as payment for implementing this stop payment request.

Fee Assessed: \$ \_\_\_\_\_

\_\_\_\_\_  
Signature of Account Holder

\_\_\_\_\_  
Print Name

**Release of Stop Payment Order**

The above stop payment order is released as of the date and time listed.

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time: \_\_\_\_:\_\_\_\_  a.m.  p.m.

\_\_\_\_\_  
Signature of Account Holder

\_\_\_\_\_  
Print Name

**For office use only**

**Completed by:**

Employee Initials: \_\_\_\_\_

Date: \_\_\_\_\_